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## BIB DATA SHEET

CONFIRMATION NO. 2677

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/520,380	10/13/2005	128	3771	44508-149

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\* /KCM/**  
 This application is a 371 of PCT/IB03/03274 07/02/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* /KCM/**  
 UNITED KINGDOM 0215270.0 07/02/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance KCM	STATE OR COUNTRY NORWAY	SHEETS DRAWINGS 15	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and /KRISTEN CLARETTE MATTER/ Examiner's Signature	Initials			57 /KCM/	5 /KCM/
Acknowledged					

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**TITLE**  
 Nasal devices

FILING FEE RECEIVED 3495	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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